OCT 2 2 2007

R(E/2623

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop R	CE, Commissioner for Patents, P.O. Box 1450, Alexandria	Virginia 22313-1450	
Application No.	10/077,397	1, Viigilia 22010 1400	
Filing Date	February 15, 2002		
First Named Inventor	Peter J. Wonfor		
Art Unit	2623		
Examiner Name	Ngoc K. Vu		
Attorney Docket No.	0085C		
Request for Continued E	ontinued Examination (RCE) under 37 C.F.R. § 1.114 o examination (RCE) practice under 37 CFR 1.114 does not design application. See instruction sheet for RCEs (not to	apply to any utility or plant app	olication filed prior to
	quired under 37 C.F.R. § 1.114 - Note: If the RCE is p		
instructs otherwise	amendments enclosed with the RCE will be entered in the e. If applicant does not wish to have any previously filed ur of such amendment(s).		
	usly submitted If a final Office action is outstanding, any be considered as a submission even if this box is not che		nal Office
(A amen	consider the amendment(s)/reply under 37 C.F.R. §  Any unentered amendment(s) referred to above will be enti- idments filed after the final Office action may be considered hecked.	ered. If a final Office action is	
-	consider the arguments in the Appeal Brief or Reply	Brief previously filed on _	
iii. [ ] O	ther		
i. <b>[X]</b> Ai	losed mendment/Reply		
	ffidavit(s)/Declaration(s)	10/23/2007 EAREGAY1 00	3000064 130762 13077397
	oformation Disclosure Statement (IDS)  Output  Output  Disclosure Statement (IDS)	04 50 405	00 DA
	-	•	
3. Fees The RCE	fee under 37 C.F.R. § 1.17(e) is required by C.F.R.	§ 1.114 when the RCE is f	iled.
a. [X] The	Director is hereby authorized to charge the following osit Account No13-0762		
i. <b>[X]</b> R	CE fee required under 37 C.F.R. § 1.17(e)	,	:
	xtension of time fee (37 C.F.R. §§ 1.136 and 1.17)	•	;
	rocessing fee under 37 CFR § 1.17(i) for Limited Subther	spension of Action	
b [ ] Cho	eck in the amount of \$ enclosed		
c. [ ] Pay <b>W</b>	rment by credit card (Form PTO-2038 enclosed)  /ARNING: Information on this form may become public included on this form. Provide credit card informat		
	SIGNATURE OF APPLICANT, ATTORNEY, OR	AGENT REQUIRED	;
Name (Print/Type)		ation No. (Attorney/Agent)	20,696
Signature	vyl Umeda Date _	10/17/07	
	CERTIFICATE OF MAILING OR TRAN	SMISSION	
postage as first class ma Virginia 22313-1450, or	correspondence is being deposited with the United States ill in an envelope addressed to: Mail Stop RCE, Commission facsimile transmitted to the U.S. Patent and Trademark Of	oner for Patents, P.O. Box 14	
Name (Print/Type) <u>E</u>			
Signature Dubru	z Sklibr Date _	10/17/07	

9-E	
OTT 40	· ·
0CT 2 2 7007 FEE TRANS (FY 2007 Begins 10/1	SMITTAL FOR FY 2007 \ /2007. Fee changes effective 9/30/07.)
TOTAL AMO	DUNT OF PAYMENT (\$) 810.00
Complete if Known	
Application No	
First Named Inventor	
Examiner Name	
Art Unit	·
Attorney Docket No.	
Attorney booket No.	
METHOD OF PAYMENT (check all that apply	
Check Credit Card	Money Order Other None
X Deposit Account Deposit Account Number: 13	.0769
Deposit Account Humber	-0/02_
	lowing with respect to the above-identified Deposit Account:
X Charge fee(s) indicated below. X Credit any overpayments.	
X Charge any additional fees dur	ing the pendency of this application.
X Any concurrent or future reply that	t requires a petition for extension of time should be treated as on for extension of time and all required fees should be charged.
Charge fee(s) indicated below	
FEE CALCULATION	:
1A. BASIC FILING FEE/SEARCH FEE/E	XAMINATION FEE
Laura Entite Canall Entites	
Large Entity Small Entity Fee Fee Fee	
Code (\$) Code (\$) <u>Fee Description</u>	on Fee Paid
1011 310 2011 155 Utility applica	<u> </u>
1111 510 2111 255 Utility search	
1311 210 2311 105 Utility examina	
1010 010 0010 40F Parlin and in	
	ation filing fee
1112 100 2112 50 Design search 1312 130 2312 65 Design exami	
1312 130 2312 65 Design exami	mation fee
1013 210 2013 105 Plant filing fee	•
1113 310 2113 155 Plant search f	ee 680/340*
1313 160 2313 80 Plant examina	ition fee

\* List the filing, search, and examination fees separately, but pay concurrently.

Reissue filing fee

Reissue search fee Reissue examination fee

Provisional application filing fee

SUBTOTAL (1) \$\_

					Extra Sheets			Fee from below		Fee paid
Total S	heets		100	=		<u>so</u> =	* X			
	- 444				*(round up to in	teger)				
Large E		<u>Small I</u>								
Fee	Fee	Fee	Fee	Faa Daaan	!					
Code 1081	(\$) 260	Code 2081	(\$) 130	Fee Descr	<del></del>	oo for ooob o	alalitia.	al araun af		
1001	200	2001	130		lication size f beyond initial		luullion	ai group oi		
					& drawings exce		& program	n listinas)		
1082	260	2082	130		plication size				f	
					beyond initial			g	-	
					& drawings exce		& progran	n listings)		
1083	260	2083	130		ication size fe					
					beyond initial					
4004	000		400		& drawings exce					•
1084	260	2084	130		oplication fee		utional	group of		
					beyond initial & drawings exce		Porcaron	a listings)		
								,		
							SUB <sup>*</sup>	TOTAL (2)	\$_	0
2. <u>EX</u> 1	RA CL	AIM FE	S FOR I		ND REISSUE		SUB	Fee from		
					Extra Claims			· · · · · · · · · · · · · · · · · · ·		0 Fee Paid
Total C	laims	5	0		Extra Claims 62		x	Fee from below	=	Fee Paid
Total C	Claims Indent	<u>5</u> Claims _	0		Extra Claims			Fee from below 0	= =	Fee Paid 0 0
Total C Indepe	laims Indent	<u>5</u> Claims _ endent	0 - 11 -	_** = - ** =	62 16		X	Fee from below	=	Fee Paid
Total C Indepe Multipl	Claims Indent Depe	5 Claims _ endent previous	0 11 sly paid,	_** = - ** =	Extra Claims 62		X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu	Claims Indent Depe	<u>5</u> Claims _ endent	0 11 sly paid,	_** = - ** = if greater;	Extra Claims 62 16 For Reissue	es, see belo	X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E	Claims Indent Depe Imber   Intity	5 Claims _ endent previous Small l	0 11 sly paid, <u>Entity</u>	-** = - ** = if greater;	Extra Claims 62 16 For Reissue		X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E	Claims endent le Depe umber   intity (\$)	5 Claims _ endent previous Small l	0 11 sly paid, <u>Entity</u> (\$)	_** = . ** = if greater; Fee F	Extra Claims 62 16 For Reissue fee Fee	es, see belo	X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E Code 1202	Claims Indent le Depe Imber   Intity (\$) 50	5 Claims _ endent previous Small I Code 2202	0	_** = . ** = if greater; Fee F Fee Descrip Claims in e	Extra Claims 62 16 For Reissue 6e Fee otion ccess of 20	es, see belo Fee	X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201	Claims Indent Ie Depe Imber   Entity (\$) 50 210	Claims _ endent previous Small I Code 2202 2201	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen	Extra Claims 62 16 For Reissue 6e Fee otion 6xcess of 20 6t claims in ex	es, see belo Fee cess of 3	X	Fee from below 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201 1203	Claims Indent ( le Depe Imber ( Entity (\$) 50 210 370	Claims _ endent previous Small I Code 2202 2201 2203	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	Extra Claims 62 16 For Reissue 6e Fee otion 6xcess of 20 6xt claims in expendent claims	es, see belo Fee cess of 3 , if not paid	X X w.	Fee from below  0 0 0	= =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201 1203 1204	Claims Indent ( Ie Depe Imber ( Entity (\$) 50 210 370 210	Claims _ endent previous Small I Code 2202 2201 2203 2204	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	For Reissue Fee Fee otion Recess of 20 at claims in expendent claim and pendent claim and pendent c	es, see belo Fee cess of 3 , if not paid aims over o	X X w.	Fee from below  0 0 0	= = =	Fee Paid 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201 1203 1204	Claims Indent ( le Depe Imber ( Entity (\$) 50 210 370	Claims _ endent previous Small I Code 2202 2201 2203	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	Extra Claims 62 16 For Reissue 6e Fee otion 6xcess of 20 6xt claims in expendent claims	es, see belo Fee cess of 3 , if not paid aims over o	X X w. riginal p over ori	Fee from below  0 0 0 o	= = =	Fee Paid 0 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201 1203 1204	Claims Indent ( Ie Depe Imber ( Entity (\$) 50 210 370 210	Claims _ endent previous Small I Code 2202 2201 2203 2204	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	For Reissue Fee Fee otion Recess of 20 at claims in expendent claim and pendent claim and pendent c	es, see belo Fee cess of 3 , if not paid aims over o	X X w. riginal p over ori	Fee from below  0 0 0	= = =	Fee Paid 0 0 0
Total C Indepe Multipl **Or nu	Claims Indent ( Ie Depe Imber ( Entity (\$) 50 210 370 210	Claims _ endent previous Small I Code 2202 2201 2203 2204	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	For Reissue Fee Fee otion Recess of 20 at claims in expendent claim and pendent claim and pendent c	es, see belo Fee cess of 3 , if not paid aims over o	X X w. riginal p over ori	Fee from below  0 0 0 o	= = =	Fee Paid 0 0 0
Total C Indepe Multipl **Or nu Large E Code 1202 1201 1203 1204	Claims Indent ( Ie Depe Imber ( Entity (\$) 50 210 370 210	Claims _ endent previous Small I Code 2202 2201 2203 2204	0	_** = . ** = if greater; Fee F Fee Descrip Claims in ex Independen Multiple de	For Reissue Fee Fee otion Recess of 20 at claims in expendent claim and pendent claim and pendent c	es, see belo Fee cess of 3 , if not paid aims over o	X X w. riginal p over ori	Fee from below  0 0 0 o	= = =	Fee Paid 0 0 0

## **FEE CALCULATION (continued)** 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee **Fee Description** Fee Paid Code (\$) Code (\$) 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1813 8,800 1813 8,800 Request for inter parties reexamination 1804 920\* 1804 920\* Requesting publication of SIR prior to Examiner action 1,840\* 1805 1,840\* 1805 Requesting publication of SIR after Examiner action 60 Extension for reply within first month 1251 120 2251 230 1252 460 2252 Extension for reply within second month 1,050 525 Extension for reply within third month 1253 2253 1,640 Extension for reply within fourth month 1254 2254 820 1,115 Extension for reply within fifth month 1255 2,230 2255 255 1401 510 2401 **Notice of Appeal** 1402 2402 255 Filing a brief in support of an appeal 510 1403 1,030 2403 515 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 510 2452 255 Petition to revive - unavoidable 1453 1.540 2453 770 Petition to revive - unintentional 720 1501 1.440 2501 Utility issue fee (or reissue) 1502 820 2502 410 Design issue fee 565 Plant issue fee 1503 1.130 2503 1464 130 Petitions to the Commissioner (CFR 1.17(h) Group III) 130 1460 1463 200 1460 200 Petitions to the Commissioner (CFR 1.17(g) Group II) 1462 400 1460 400 Petitions to the Commissioner (CFR 1.17(f) Group I) 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 **Submission of Information Disclosure Stmt** 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 810 2809 405 For filing a submission after final rejection (see 37 CFR 1.129(a)) 130 2814 65 Statutory Disclaimer 1814 1810 405 For each additional invention to be examined 810 2810 (see 37 CFR 1.129(b)) 810 405 Request for Continued Examination (RCE) 1801 2801 810.00 1802 900 1802 900 Request for expedited examination of a design application 1504 300 1504 300 Publication fee for early, voluntary, or normal pub. 1505 300 1505 300 Publication fee for republication Request for voluntary publication or republication 1803 130 1803 130 130 Processing fee under 37 CFR 1.17(i) (except provisionals) 1808 130 1808 1.410 Acceptance of unintentionally delayed claim for priority 1454 1.410 1454 Other fee (specify) Other fee (specify) SUBTOTAL (4) 810.00 \*Reduced by Basic Filing Fee Paid SUBMITTED BY: Typed or Printed<sub>4</sub>Name: George B. Almeida 01 Signature: Date: Telephone Number: <u>(408) 562-8496</u> Reg. Number: 20,696

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450